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Bib Data Sheet

CONFIRMATION NO. 1823

SERIAL NUMBER 10/604,824	FILING DATE 08/20/2003 RULE	CLASS 215	GROUP ART UNIT 3727	ATTORNEY DOCKET NO.
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APPLICANTS

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 ** CONTINUING DATA *****

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 ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 09/15/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *bu* Examiner's Signature *bu* Initials

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TITLE
 DISPENSING AID FOR ADMINISTERING MEDICATIONS TO INFANTS

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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